

Chairman Eric Coleman, Chairman Gerald Fox, Ranking Member John Kissel, Ranking Member John Hetherington and other distinguished Members of the Judiciary Committee:

My name is Douglas W. Gibson, M. D. I am the current president of the Connecticut chapter of the American Society of Addiction Medicine. I am here today to vigorously oppose the passage of bills concerning the palliative use of medical marijuana.

Medical marijuana is classified as a Schedule I substance, defined as having a high potential for abuse and no medical value. It is not standardized or quality controlled. The dosage, whether smoked, vaporized, liquefied or eaten, is not reliably reproducible due to variable and various compositions of the product. Cannabinoids are insoluble in water and tend to degrade depending on fluctuation in temperature and light. Also, smoking as a means of delivering medicine is totally rejected by CT ASAM.

The medical research data regarding the efficacy and effectiveness of marijuana is limited when compared to research on modern medications. The FDA requires a large number of studies and huge amount of data before any product is made available to the public. New products must meet extensive pharmacological toxicity, quality and safety measures that will allow physicians to prescribe them to patients with a standard of care and safety expected from that physician. Stringent control in prescribing will lower the risk of abuse and diversion by patients and others.

New clinical research of medical marijuana is emerging. The data is not in. Approval at this stage would be premature. Stringent control in prescribing will lower the risk of abuse and diversion by patients and others.

Physicians have the primary responsibility and liability to prescribe medication to their patients. If marijuana proves to be effective, it would be mandatory for physicians to receive training in recognizing substance abuse and addiction. It is incumbent upon state regulators and physician organizations to ensure that these physicians adhere to rules of proper patient care in that they keep proper records of patient history and examination; develop a plan with objectives; provide informed consent including side effects; regular review of patient's progress; preexisting and ongoing relationship with patient and proper record keeping that supports continued use of cannabis. This will require enormous resources from the state regulators to insure compliance.

Approval of SB 1015 is premature. I strongly urge you not to approve it at this point in time. The issue can be revisited after the data is in and reviewed. A rational, informed judgment can be made at that time.

Respectfully submitted,

Douglas W. Gibson, M.D.